

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila District of _____ Town of _____
or City of Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Betty Anna O'Connor (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth 11-13-24 Month day year

8. FATHER Full name Francis Clyde O'Connor 9. Residence (Usual place of abode) Globe Arizona If nonresident, give place and state _____ 10. Color or race white 11. Age at last birthday 26 (Years) 12. Birthplace (city or place) San Francisco California (State or country) 13. Occupation Auto Salesman Nature of industry _____

14. MOTHER Full maiden name Leona Frances Butler 15. Residence (Usual place of abode) Globe Arizona If nonresident, give place and state _____ 16. Color or race white 17. Age at last birthday 25 (Years) 18. Birthplace (city or place) Shawnee Oklahoma (State or country) 19. Occupation Housewife Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 9:10 A.M. on the date above stated.
(Born alive or stillborn.)
Signature C. W. Adams (Physician or midwife)
Address Globe, Ariz.
Given name added from a supplemental report _____ Month, day, year. _____
Registrar. _____

Filed 11-15-24 B. J. J. or _____
Filed DEC 5 1924 B. J. J. or _____
County Registrar. _____

249-1113-229